

MINUTES

MONTANA HOUSE OF REPRESENTATIVES 59th LEGISLATURE - REGULAR SESSION

COMMITTEE ON HUMAN SERVICES

Call to Order: By **CHAIRMAN ARLENE BECKER**, on April 6, 2005 at 3:00 P.M., in Room 472 Capitol.

ROLL CALL

Members Present:

Rep. Arlene Becker, Chairman (D)
Rep. Tom Facey, Vice Chairman (D)
Rep. Don Roberts, Vice Chairman (R)
Rep. Mary Caferro (D)
Rep. Gordon R. Hendrick (R)
Rep. Teresa K. Henry (D)
Rep. William J. Jones (R)
Rep. Tom McGillvray (R)
Rep. Mike Milburn (R)
Rep. Art Noonan (D)
Rep. Ron Stoker (R)
Rep. Pat Wagman (R)
Rep. Bill Warden (R)
Rep. Jonathan Windy Boy (D)

Members Excused: Rep. Emelie Eaton (D)
Rep. Dave McAlpin (D)

Members Absent: None.

Staff Present: Susan Fox, Legislative Branch
Mary Gay Wells, Committee Secretary

Please Note. These are summary minutes. Testimony and discussion are paraphrased and condensed.

Committee Business Summary:

Hearing & Date Posted: HJ 37, 3/31/2005; SJ 28, 3/31/2005
SJ 30, 3/31/2005; SB 249, 3/31/2005
Executive Action: HJ 32, Do Pass As Amended
SJ 28, Be Concurred In
SB 308, Be Concurred In
SB 433, Be Concurred In
HJ 37, Tabled

HEARING ON HJ 37

Sponsor: REP. CHRISTINE KAUFMANN, HD 81, HELENA

Opening Statement by Sponsor:

REP. CHRISTINE KAUFMANN opened the hearing on HJ 37. The study would look at a state-supported, employment-based health care plan that has been implemented in Maine. The interim committee would see if all or parts of it might work for Montana.

Proponents' Testimony:

Kim Abbott, Working for Equality and Economic Liberation (WEEL), concurred with REP. KAUFMANN and urged a do pass.

Opponents' Testimony: None

Informational Testimony:

Gail Briese-Zimmer, Department of Public Health and Human Services (DPHHS), said DPHHS was appreciative of the Resolution. She was not up to speed on Maine's Dirigo plan, but would try to answer questions.

Questions from Committee Members and Responses:

REP. ROBERTS asked if the Dirigo plan duplicated what has been passed concerning the CHIP program. Ms. Briese-Zimmer replied that there are a number of bills that deal with insurance and CHIP, but she was not certain it would be a duplicate. It would fit in with the Maine plan.

{Tape: 1; Side: A; Approx. Time Counter: 0 - 7.7}

REP. MCGILLVRAY was aware of the Maine plan, and asked if the "Whereas" clause on Page 2, Line 9-11 indicated that the premiums would be pro-rated according to income. REP. KAUFMANN said that was what the Maine plan allowed. It's aim was to provide comprehensive coverage to small businesses with 50 or fewer employees, self-employed people and individuals would be able to opt in. Premiums would be based on income and if a person was in the poverty level, a portion of that would be subsidized by the state. The intent would be to have everyone in the plan in order to get the value of a pool.

REP. MCGILLVRAY asked if the plan was similar to a guaranteed insurability plan. REP. KAUFMANN replied that those who are in the state-supported plan cannot be denied and would include self-employed people with no other employees.

REP. MCGILLVRAY spoke about the "...now-repealed Oregon Health Plan...." on Page 2, Line 28 and asked the sponsor why that had been included. **REP. KAUFMANN** was uncertain about that plan but thought that looking at a repealed plan and one in place would allow the interim committee to see what had not worked and what might work for Montana. They had some "universality" about them.

REP. MCGILLVRAY asked Ms. Tanya Ask, Blue Cross Blue Shield of Montana (BCBS), if she knew anything about the Maine plan. **Ms. Ask** replied that she only had a high-level overview knowledge about the Dirigo plan. She had some background information from the internet on Dirigo which she submitted to the Committee. She felt there were elements that seemed to make sense in the Dirigo plan.

[EXHIBIT](#) (huh73a01)

REP. MCGILLVRAY asked if private insurers like BCBS would be part of the plan. **Ms. Ask** replied that it was her understanding that private insurers would also be able to work within the Dirigo plan. The information that she pulled off the internet does have some information from the BCBS sister plan in Maine. They were actively involved in working with this particular proposal.

{Tape: 1; Side: A; Approx. Time Counter: 7.7 - 14.5}

REP. WAGMAN had questions for Ms. Briese-Zimmer about policy. In this Session, the term "welfare" has not often been used. This study would be looking at a state-sponsored health insurance plan. He asked, from a government policy point of view, if DPHHS promotes a policy which has taken the term "welfare" out of its vocabulary. **Ms. Briese-Zimmer** said that she didn't think they had gotten away from the terminology of welfare. **Mr. John Chappius, Director, DPHHS**, replied that, in terms of health care, there has been a certain separation, called decoupling, between what is a traditional welfare program and their health care programs, primarily Medicaid. When health care is spoken about, it is not spoken in terms of welfare anymore, even though there is a large tie-in between TANF and Medicaid; but, they are not the same in terms of eligibility any more. Medicaid stands on its own and if a person is in TANF, they are probably Medicaid eligible about 99% of the time, but not always. There is a distinction, but it is still tied into the basics of where those programs come from.

REP. WAGMAN asked if government is moving from strictly welfare to a point where government is subsidizing employed workers and have different terms for those systems. **Mr. Chappius** responded that there are opportunities through the Federal system. HB 667 is an example. It gives the ability to attach Medicaid money to an employer incentive or even for insurance premium assistance

for parents of Medicaid children. As the Federal opportunities come about, those are embraced by the Department when it will help people in the State, especially those of lower income. It is not necessarily the Department's philosophy to do that.

{Tape: 1; Side: A; Approx. Time Counter: 14.5 - 18}

Closing by Sponsor:

REP. KAUFMANN submitted a first-year progress report from Maine. She thought a system could be devised to work for more people and hoped for a do pass.

EXHIBIT(huh73a02)

HEARING ON SJ 30

Sponsor: SEN. DAN WEINBERG, SD 2, WHITEFISH

Opening Statement by Sponsor:

SEN. DAN WEINBERG opened the hearing on **SJ 30**. Many Montana citizens are very dependent upon maintaining Medicaid benefits. Montana is a welfare state in the respect that Montana sends less money to Washington than Montana receives from Washington, D.C. It is also imperative to the State's economy. There has been talk in D.C. of cutting Medicaid benefits by as much as ten percent. That would devastate the economy. The Resolution leans on Montana's Congressional delegates to make sure that doesn't happen.

{Tape: 1; Side: A; Approx. Time Counter: 18 - 24.7}

Proponents' Testimony:

REP. CHRISTINE KAUFMANN, HD 81, concurred with the sponsor. The entire Subcommittee of Appropriations Health and Human Services was concerned about possible cuts and had this bill put together to send this message to the Montana Congressional delegation.

John Chappius, Deputy Director, DPHHS, gave some information about the Medicaid program and what the impact would be to Montana if there are cuts. In the Medicaid program, DPHHS spends about \$650 million. It serves, on a per month basis, between 83,000 and 84,000 people. Those people are the disabled, the elderly, children, and some parents of Medicaid children. It is a safety net for these people and it is the primary insurance for up to about 50,000 kids per month each year.

Another cut being looked at is changes in Intergovernmental Transfers (IGTs). Montana has not done anything wrong, but

Montana may end up paying for the sins of other states. Some states use it to enhance their general fund or other public works projects. Montana puts it all into the Medicaid program. In terms of provider taxes, those exist in nursing homes and in hospitals. That program would cut the threshold from six percent to three percent. That won't affect the hospital tax but it will affect the nursing home tax as being proposed in HB 749. However, the Department will have three years to deal with that. He hoped it would not pass. It could affect \$40 million per year in Federal funding.

The one cut being proposed that would really hurt Montana is the targeted case management cut. Targeted case management is a program dealing with those who are disabled which includes the Developmentally Disabled (DD) and children and adults who are mentally ill. This is paid under a match rate for Medicaid which is 70% Federal funds. The cut would move it to 50% Federal funds. Montana currently matches with 30% because Montana's per capita income is low in comparison to other states. The big states won't get hurt as badly as Montana, Wyoming, the Dakotas, and some of the southern states. It will cost Montana \$5 million per year in the General Fund if Montana should keep that program. He urged a do pass.

{Tape: 1; Side: A; Approx. Time Counter: 24.7 - 29.7}

Anna Whiting-Sorrel, Family Policy Advisor, Governor's Office, concurred with Mr. Chappius and urged a do pass.

Steve Yeakel, Montana Council for Maternal and Child Health, said that in 1991 and 1992, when he was Director of the Office of Budget and Program Planning, there was a revenue downturn that was serious, but not as serious as the downturn in 2001-2002. Reductions had to be made and these decisions are very difficult. He hoped that the Committee would support the Resolution.

{Tape: 1; Side: A; Approx. Time Counter: 29.7 - 32}

Jim Aherns, President, Montana Hospital Association, stated that Medicaid funding is very important to hospitals and is an issue every year. If the Federal Government takes away the funding, the State has to make it up.

{Tape: 1; Side: B; Approx. Time Counter: 0 - 0.7}

Rose Hughes, Montana Health Care Association, said the Association represents nursing homes, and since 1991 nursing homes have been involved in a program which has a nursing home user fee (basically a provider tax) that helps fund a substantial portion of the care of Medicaid recipients in nursing homes. They are also involved in the IGT program and are concerned about those possible cuts. When nursing homes entered into that

program, it was not done carelessly or unknowingly. The Federal Government has approved the Montana plan since 1991. She said that Montana has played by the rules and they have come to depend on this funding to care for the elderly.

Claudia Clifford, AARP of Montana, concurred and said that Medicaid is a very important part of the financing fabric of Montana's healthcare system. She emphasized the fact that 60% of nursing home residents are dependent upon Medicaid. She submitted a county-by-county set of statistics on Medicaid expenditures for in-hospital, out-of-hospital, physicians, drugs and supplies, etc. The statistics shows what it means in economic dollars to different communities.

EXHIBIT(huh73a03)

{Tape: 1; Side: B; Approx. Time Counter: 0.7 - 3.4}

Bonnie Adee, Mental Health Ombudsman, spoke of another group of people dependent upon Medicaid. She read from a 2001 report by the Federal Government that said Medicaid is now the single largest payer of mental health services exceeding private insurance, Medicare, and other state and local spending. The amounts are almost twice as much as non-Medicaid spending. It is the engine of the mental health service system. It would be damaging to lose that support.

Chris Volinkaty, Kids and Families with Developmental Disabilities, said that this program is so very important to the most vulnerable in society. She urged a do pass.

Pat Melby, Montana Medical Association, concurred with the previous testimony.

{Tape: 1; Side: B; Approx. Time Counter: 3.4 - 6.2}

Opponents' Testimony: None

Informational Testimony: None

Questions from Committee Members and Responses:

REP. ROBERTS asked if Montana were to lose Medicaid funding, would Montana be less involved since Montana has not been as involved in so many programs. **Mr. Chappius** responded that Montana has kept Medicaid at the minimum eligibility levels but Montana has broad services.

REP. ROBERTS wondered if other states were more leveraged with Medicaid than Montana. **Mr. Chappius** replied that they tend to be in a different way. Montana has a high match rate. Arkansas and Mississippi have higher match rates than Montana. Other states

have raised the eligibility limits so the percentage of their covered population is higher than in Montana.

REP. STOKER asked the sponsor to define "surplus funds" on Page 1, Line 24. **SEN. WEINBERG** replied that "surplus funds" would be funds for which the counties have no other use.

REP. STOKER reminded the sponsor that the State had \$300 million in surplus funds when the Legislature began in January 2005 and wondered if those surplus funds were the funds being spoken about. **SEN. WEINBERG** responded that the issue is more broad than that. Many things are being done with that surplus. There are needs in education, the public defender program and public health. The State would not be prudent to by-pass the advantage of those very good Federal programs where Montana gets a three-to-one or four-to-one match.

CHAIRMAN BECKER stated that the \$300 million surplus was from the State. The Resolution is speaking about local surplus funds.

REP. STOKER asked if the healthcare community is the driving economic force in Montana and if that is what Montana's economy is being built upon. **SEN. WEINBERG** thought that the healthcare industry represents the second largest part of Montana's economy. The bad news is that it is very expensive for Montana; but the good news is that as people get older, it will be there to help them get older still.

REP. STOKER wondered if the sponsor had a date for when Montana became a welfare state. **SEN. WEINBERG** did not have that date. Montana is inefficient from the standpoint of tax collection and expenditure.

REP. STOKER asked Mr. Chappius what the budget for DPHHS is over the biennium. **Mr. Chappius** replied that DPHHS would manage approximately \$3 billion.

REP. MCGILLVRAY was not pleased with the Resolution. He did not want Montana to be a welfare state and make other states pay the bill.

Closing by Sponsor:

The Sponsor closed.

{Tape: 1; Side: B; Approx. Time Counter: 6.2 - 18}

HEARING ON SJ 28**Sponsor:** SEN. CAROLYN SQUIRES, SD 48, MISSOULA**Opening Statement by Sponsor:**

SEN. CAROLYN SQUIRES opened the hearing on **SJ 28**. This Resolution would heighten awareness of and improve pain and symptom management in Montana. It would ask the Legislature to do four things: 1) Acknowledge the plan formation of a statewide task force on pain and symptom management in Montana, 2) Recognize the role of private funding and in-kind administrative support of the pain management community, 3) Encourage wide dissemination of the report produced by the task force, and 4) Consider recommendations that come out of the task force and its report. Many people suffer from pain which affects all aspects of their lives. The American Cancer Society has recommended this study. They and other groups plan to help raise money for the commission and for the study. She gave a list of what the commission would be looking at and their goals. **{Tape: 1; Side: B; Approx. Time Counter: 18 - 24.7}**

Proponents' Testimony:

Kristin Page Nei, American Cancer Society, gave her testimony and submitted a written copy.

EXHIBIT (huh73a04)

{Tape: 1; Side: B; Approx. Time Counter: 24.7 - 29}

Barbara Spring, Life's End Institute, Missoula, said the Institute had a three-year task force that worked on pain management for Missoula County. A great improvement was seen in the county. They would like to see this Resolution go forward statewide.

{Tape: 1; Side: B; Approx. Time Counter: 29 - 32}

Jan Jahner, RN, St. Peter's Hospital, explained that she has had ten years of experience in end-of-life care. Managing pain and symptoms makes a great deal of difference for the person nearing the end of their life and also to their family. There is a tremendous amount of misinformation concerning addiction. There are barriers to people's understanding of pain management. A study would be helpful to truly understand the pain of a patient and how best to treat that pain. She strongly urged a do pass.

{Tape: 2; Side: A; Approx. Time Counter: 0 - 3}

Opponents' Testimony: None

Informational Testimony: None

Questions from Committee Members and Responses:

CHAIRMAN BECKER said there is a strong proponent in the hospital on pain management in the last few years mainly dealing with acute care situations. She did not see anything in the study that would say, "Coordinate with that aspect of pain." **SEN. SQUIRES** responded that the whole theme of the pain management resolution would lead to that aspect of pain management. Cancer is a significant part of the study, but there are numerous kinds of pain. In this Resolution, all kinds of pain would be looked at.

Closing by Sponsor:

The Sponsor closed.

{Tape: 2; Side: A; Approx. Time Counter: 3 - 7.3}

HEARING ON SB 249

Sponsor: **SEN. JOHN COBB, SD 9, AUGUSTA**

Opening Statement by Sponsor:

SEN. JOHN COBB opened the hearing on **SB 249**. The bill would require DPHHS and the Department of Corrections to develop a continuum of care in the areas of prevention, intervention, detoxification, treatment of substance abuse, etc. The intent is to ask both departments to coordinate their efforts for the benefit of the people they serve since they often serve the same people.

{Tape: 2; Side: A; Approx. Time Counter: 7.3 - 10.8}

Proponents' Testimony:

Anna Whiting-Sorrel, Family Policy Advisor, Governor's Office, stood in support of SB 249. She reported that she is responsible to oversee and act as a liaison between DPHHS, the Department of Corrections and the Department of Industry and Labor. She knows how important it is for departments to work together and urged a do pass.

Mike Ruppert, CEO, Boyd Andrew Community Services, Helena, explained that his company offers chemical dependency treatments and they own and operate the pre-release center. They work with people in both of these capacities. The Department of Corrections tends to provide the exact same treatment to everyone for the exact same period of time. Whereas in the addictions

field, it is individualized which, he believes, is more cost effective. He made the statement that no one from the Department of Corrections was at the hearing; but he realized his error after he had testified and submitted a letter to that effect.

EXHIBIT (huh73a05)

Don Hargrove, Montana Addiction Services Providers, stated that substance abuse affects all aspects of life for the people of Montana. As a result of that, many departments of government are involved. A few years ago an Interagency Coordinating Council (ICC) was established. It was a good idea and the intent was to have all the agency heads come together and decide how they could best work together for the people they serve. He didn't think that a whole lot had happened through that group. He felt that the bill was important and hoped that the two agencies would work together.

{Tape: 2; Side: A; Approx. Time Counter: 10.8 - 16.6}

Pat Melby, Rimrock Foundation, Billings, said that Rimrock has long advocated for coordination between DPHHS and the Department of Corrections on addiction treatment issues. He urged a do concur on SB 249.

Opponents' Testimony: None

Informational Testimony:

Jackie Jandt, Addictive and Mental Disorders Division, DPHHS, was in attendance in order to answer any questions.

Questions from Committee Members and Responses:

REP. WARDEN felt that the bill looked like micro-management. He asked, "If the bill did not pass, would the Governor's Office still follow through on their stated direction of having these departments coordinate with each other?" **Ms. Whiting-Sorrel** responded that she was extremely committed to ensure that there be coordination between the departments and the executive branch. This effort has already begun.

{Tape: 2; Side: A; Approx. Time Counter: 16.6 - 20.1}

REP. MCGILLVRAY questioned if the language on Page 1, Line 26 was addressing another bill that had requested a drug commissioner.

SEN. COBB believed that it was. If HB 31 is not approved the bracketed language, Section 1, would be void.

REP. MCGILLVRAY wondered where HB 31 was at this time. **Ms. Fox** said that HB 31 was in House Appropriations.

Closing by Sponsor:

SEN. COBB felt that it was necessary for the Legislature to step in and give direction to these departments. Things get done in a bipartisan way.

EXECUTIVE ACTION ON HJ 32

Motion: REP. ROBERTS moved that HJ 32 DO PASS.

Motion: REP. NOONAN moved that HJ 32 BE AMENDED.
EXHIBIT (huh73a06)

Discussion:

REP. NOONAN explained his amendment. It requires the Department to report its findings and any intended changes to administrative rules and procedures to the Children, Families, Health, and Human Services Interim Committee.

Vote: Motion carried 15-1 by voice vote with REP. JONES voting no. REP. EATON, REP. CAFERRO, REP. MCALPIN, and REP. STOKER voted by proxy.

Motion: REP. FACEY moved that HJ 32 DO PASS AS AMENDED.

Discussion:

REP. ROBERTS felt it was a very good Resolution.

REP. NOONAN said that HJ 32 helps providers deal with the government.

REP. JONES felt that the Department had made great efforts at streamlining the system for providers and making it better for recipients.

{Tape: 2; Side: A; Approx. Time Counter: 20.1 - 32}

Vote: Motion carried unanimously by voice vote 16-0. REP. EATON, REP. CAFERRO, REP. MCALPIN, and REP. STOKER voted by proxy.

{Tape: 2; Side: B; Approx. Time Counter: 0 - 2.4}

EXECUTIVE ACTION ON HJ 37

Motion: REP. FACEY moved that HJ 37 DO PASS.

Discussion:

REP. FACEY said that the study would be fairly complicated. Legislators will soon get a paper showing all the recommended studies and those studies will be ranked. He was going to vote for HJ 37 so it could be on the sheet and in the competition.

REP. HENRY agreed. There are many studies and this one would look at what could be improved and it might fit Montana.

REP. WAGMAN felt there were too many studies and could not vote for this one.

REP. ROBERTS agreed. Each study costs a great deal of money. There have been many Medicaid redesign bills this session and he felt they needed to wait and see the impact of those bills before looking at another redesign.

Vote: Motion failed 7-9 by roll call vote with REP. BECKER, REP. CAFERRO, REP. FACEY, REP. HENRY, REP. MCALPIN, REP. NOONAN, and REP. WINDY BOY voting aye. REP. CAFERRO, REP. EATON, REP. MCALPIN and REP. STOKER voted by proxy.

Motion/Vote: REP. FACEY moved that HJ 37 BE TABLED AND THE VOTE REVERSED. Motion carried unanimously.

{Tape: 2; Side: B; Approx. Time Counter: 1 - 6.3}

EXECUTIVE ACTION ON SB 308

Motion: REP. WAGMAN moved that SB 308 BE CONCURRED IN.

Discussion:

REP. FACEY asked Ms. Fox if no support person was available, would this delay a meeting or action with the Department. **Ms. Fox** said that the Department would have to advise the parent that they can have a support person present. On Page 3, Lines 28-29, it says a reasonable accommodation must be made in scheduling an "in person" meeting with the social worker. There are usually time lines for these things.

CHAIRMAN BECKER supported the bill. There is another bill that is called the "public defender bill" and part of that bill says that at the beginning of protective custody hearings, a person is entitled to a lawyer or legal defense.

REP. ROBERTS said that there is a process in place and this bill would help quite a bit. Some couples show up and incriminate themselves and do not understand what is happening. People fare better when they have a lawyer or someone there to support them.

REP. JONES reported that SEN. O'NEIL had said that his bill, SB 308, would not necessarily be needed if the "public defender bill" should pass.

CHAIRMAN BECKER felt that this bill should go forward because some people may not necessarily want a lawyer.

Vote: Motion carried 15-1 by voice vote with **REP. MCGILLVRAY** voting no. **REP. CAFERRO**, **REP. EATON**, **REP. MCALPIN** and **REP. STOKER** voted by proxy.

REP. WARDEN will carry the bill.

{Tape: 2; Side: B; Approx. Time Counter: 2.4 - 12.7. REP. EATON and REP. MCALPIN returned to the hearing.}

EXECUTIVE ACTION ON SJ 28

Motion: **REP. FACEY** moved that SJ 28 BE CONCURRED IN.

Discussion:

REP. ROBERTS inquired if funding was coming from the American Cancer Society (AMC). **Ms. Fox** said that was her understanding. This is a private task force and they would share their report with the Legislature.

REP. HENDRICK did not think the Legislature should have a resolution to tell doctors to deal with pain, etc. If it is being funded by ACS, why is this bill necessary.

CHAIRMAN BECKER shared some of her experiences. She sees patients who are in advanced stages of pain. There are different stages of pain and she viewed the study as a way to better understand pain, ways for it to be treated and how to get control of the cost.

REP. ROBERTS said that Oregon had done a study. People who are around chronic pain are nervous about dosage levels, medical boards, etc. Pain is acknowledged but too often there is no protocol in how to treat that pain. Liability is a factor when a provider is dealing with a person with chronic pain.

REP. WAGMAN listed a number of resolutions and felt that the Legislature passes resolutions because they cannot really help people in any other way. Resolutions create a lot of work and cost money.

REP. JONES said that a dentist might not want to see a patient if they are in a great deal of pain because they sometimes get harassed if they write too many prescriptions. He felt that pain is under treated and the study might bring about tort reform.

Vote: Motion carried 11-5 by voice vote with **REP. MCGILLVRAY**, **REP. MILBURN**, **REP. STOKER**, **REP. WAGMAN**, and **REP. WARDEN** voting no. **REP. CAFERRO** and **REP. STOKER** voted by proxy.

REP. BECKER will carry the bill.

{Tape: 2; Side: B; Approx. Time Counter: 12.7 - 23.7. REP. FACEY left the hearing.}

EXECUTIVE ACTION ON SB 433

Motion: **REP. MCALPIN** moved that SB 433 BE CONCURRED IN.

Discussion:

REP. MCALPIN explained that it is a pilot program of 50 people that would give disabled people some discretion on how their Medicaid funds are spent. It is similar to a medical savings plan.

REP. MCGILLVRAY said that it is a good common-sense bill and would save the Department money because the savings is split between the disabled person and the Department.

Vote: Motion carried unanimously by voice vote 16-0. **REP. CAFERRO**, **REP. FACEY** and **REP. STOKER** voted by proxy.

REP. MCALPIN will carry the bill.

{Tape: 2; Side: B; Approx. Time Counter: 23.7 - 26.1}

ADJOURNMENT

Adjournment: 5:45 P.M.

REP. ARLENE BECKER, Chairman

MARY GAY WELLS, Secretary

AB/mw

Additional Exhibits:

EXHIBIT ([huh73aad0.PDF](#))